Allergy Safety Policy

Date Policy due to be reviewed: September 2027

Committee Responsible for Policy: Full Trust Board

WORK HARD | BE KIND | AIM HIGH

Contents

1. Aims

This policy aims to:

- Set out our school's approach to allergy safety, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education (DfE)'s statutory guidance on allergy safety in schools and supporting pupils with medical conditions at school, the Department of Health and Social Care's guidance on using emergency adrenaline auto-injectors in schools, and the following legislation:

- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

3. Roles and responsibilities

3.1 The governing board

The governing board is responsible for ensuring:

- Risks relating to pupils with allergies are included in the risk register and actively managed
- The school has an allergy safety policy which sets out:
    - Arrangements to reduce the risk of individuals coming into contact with their known allergens
    - Emergency response plans for cases of anaphylaxis

The governing board delegates the day-to-day implementation of this policy to the allergy safety lead.

3.2 Allergy safety lead

The nominated allergy safety lead is Damon Gariff, Deputy Headteacher, Culture and Inclusion.

Is responsible for:

- Implementing this allergy safety policy
- Reviewing the allergy safety policy at least annually, updating it when needed, and making sure it is published
- Promoting and maintaining allergy awareness across our school community
- Developing and reviewing arrangements for the safe storage and disposal of adrenaline devices (AD)
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils who require support with allergies have an up-to-date individual healthcare plan (IHP)
    - All pupils with a known food or insect sting allergy have up-to-date allergy action plans issued by a medical professional
    - All staff receive regular allergy awareness training

- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- Serious incidents and 'near misses' relating to allergy safety are recorded and reported as appropriate, and to consider and share with staff:
    - What lessons there are to learn
    - Any potential changes to the medical conditions and/or allergy safety policies and/or to any pupil's IHP

3.3 Headteacher

The headteacher is responsible for:

- Deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances

3.4 Named member of staff

Ms Taylor and Mrs Rudge are responsible for:

- Checking spare AAIs are present and in date on a monthly basis
- Making sure that replacement AAIs are obtained when expiry dates approach
- Checking and ordering medical supplies
- Liaising with parents about their child's medication
- Checking student medication stored in Student Reception is up to date and recorded

3.5 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy safety policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Being aware of specific pupils with allergies in their care
- Reducing the risk to pupils with known allergies coming into contact with known allergens
- Ensuring the wellbeing and inclusion of pupils with allergies
- Reporting any allergic reaction or case of anaphylaxis to the allergy safety lead

3.6 Parents/carers

Parents/carers are responsible for:

- Being aware of our school's allergy safety policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with **2 in-date adrenaline auto-injectors** (1 to be held in school and 1 to be with the student at all times) and any other medication, including **2 in-date inhalers** (1 to be held in school and 1 to be with the student at all times), antihistamines, etc., and making sure these are replaced in a timely manner
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.7 Pupils with allergies

If age-appropriate, these pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Carrying their adrenaline auto-injectors (AAI) on their person and only using them for their intended purpose
- Understanding how and when to use their (AAI)

3.8 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

Older pupils might also be expected to support their peers and staff in an emergency.

4. Identifying individuals at risk

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an “allergen”) they are allergic to. Common allergic conditions include:

- Hay fever (allergic rhinitis), triggered by allergens carried in the air, such as pollen, house dust mite, animal fur/feathers, or mold
- Skin allergies (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals
- Food allergy, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis
- Asthma which may be triggered by airborne allergens
- Allergy to insect stings and medicines

4.1 Identifying pupils at risk

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any allergy the pupil has and whether they carry medication. Where a pupil has a new diagnosis and/or has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- Send a reminder to parents/carers at the start of each year asking them to update their child’s medical information as necessary, and this information will be on Bromcom.

We ask that parents/carers proactively inform us by either calling the school on 0121 464 3172 or emailing enquiry@hillcrest.bham.sch.uk if their child’s medical needs change during the school year.

4.2 Identifying staff and visitors at risk

- Asking new staff to provide details of their allergies in advance of their start date
- Asking staff to keep their medical information up to date on MySam
- Asking visitors to provide details of their allergies in advance of their visit

4.3 Individual healthcare plans (IHP)

Pupils will have an IHP if they:

- Have an allergy which has a functional impact on them in the school environment
- Are at risk of harm because of their allergy; and
- Require arrangements which are additional to or different from those made generally

It is not necessary for a pupil to have a formal diagnosis of an allergy to have an IHP. Healthcare professionals may decide that it is more appropriate to accept that the child is showing symptoms rather than proceed to a formal diagnosis.

The IHP will set out the additional and/or different arrangements that will be in place for supporting the pupil. The school will make every effort to ensure that arrangements are in place within 2 weeks, or by the beginning of the relevant term, for pupils who are new to our school.

Not all children with an allergy will require an IHP. Some allergies will have little or no impact on the pupil while they are at school or pose no risk to the pupil. Some allergies will not require arrangements which are additional to or different from those made generally.

The headteacher is responsible for deciding (in discussion with the parents/carers and any relevant healthcare professionals) whether a pupil's allergy can be managed through the adjustments made under the school's medical conditions policy or whether an IHP is required to specify arrangements that reflect the pupil's circumstances.

The school will consider the following principles:

- If the arrangements or support which a pupil requires would be available to any pupil as part of normal policies, an IHP may not be required
- If the pupil only needs non-prescription medication and the school's medical conditions policy would permit them to carry and administer it, an IHP may not be required

IHPs will be reviewed at least annually and more frequently if the pupil's needs have changed. Where a pupil moves on to a new school or college, their IHP will be shared as part of the transition.

4.4 Allergy and asthma action plans

All pupils who have a known allergy to a food or insect stings should be issued with an appropriate allergy action plan by their healthcare professional.

All pupils with severe asthma should be issued an asthma action plan by their healthcare professional.

The plans include medical and parental consent for staff to administer emergency medicines, including adrenaline for anaphylaxis or a reliever inhaler in the event of an asthma attack.

The allergy action plan and/or asthma action plan should be attached to the pupil's IHP. Whenever the allergy action plan is updated, the pupil's IHP should be reviewed to incorporate it.

Pupils who self-manage mild asthma symptoms will not have a school IHP.

4.5 Register of pupils with known allergies

Please refer to Supporting Students with Medical Conditions Policy

- The school maintains a register of pupils who have a known allergy. The register includes:
    - Known allergens and risk factors for anaphylaxis
    - Whether a pupil has been prescribed adrenaline auto-injectors (AAI) (and if so, what type and dose)
    - Where a pupil has been prescribed an AAI, whether parental consent has been given to administer emergency medication

- A photograph of each pupil will be included, with parental consent, to support a rapid visual check. The register is recorded in Bromcom and on the secure school drive. Relevant staff can access it quickly when planning support or initiating an emergency response.

Allowing all pupils to keep their AAI with them will reduce delays and enable confirmation of consent without needing to check the register.

5. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

6. Minimising risk

6.1 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and can identify pupils with allergies
- The school will engage with caterers to understand the controls in place to ensure that food service complies with relevant requirements
- School menus are available for parents/carers and pupils to view with ingredients clearly labelled, and catering staff are available to discuss the provision of allergy-safe meals with parents.
- Where changes are made to school menus, we will make sure these comply with legislation, and continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all legal requirements that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Where food is provided by the school, staff will understand how to read labels for food allergens
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination
- Catering Manager records any events or near misses on their reporting system
- Any food brought onto the school site must be reported to and approved by the SLT/Headteacher in advance. Shop-bought food should remain in its original packaging with a full list of ingredients and allergens. Where homemade food is permitted, the person who prepared it must provide a complete written list of all ingredients and allergens used, including those contained within individual products. Any relevant nut or other allergy restrictions must be always followed.

6.2 Insect bites/stings

The school will take reasonable steps to reduce exposure to insect stings and will follow each pupil's IHP and allergy action plan if a sting or allergic reaction occurs.

When outdoors:

- Shoes should always be worn
- Food and drink should be covered
- The site manager will arrange the appropriate removal of wasp, bee and ant nests on or around the premises.
- Pupils with severe seasonal or insect-sting allergies will be offered suitable adjustments, including an indoor supervised space where this is identified in their IHP.
- If a pupil is stung, staff will remain with them, follow their allergy action plan and use the emergency procedure in section 7 if signs of anaphylaxis develop.

6.3 Visits and trips

- No pupils with allergies will be excluded from taking part
- The school will plan accordingly for all visits and trips, and arrange for the staff members involved to be aware of pupils' allergies and to have received appropriate training
- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in a school trip
- Pupils at risk of anaphylaxis should have their own AAI with them
- Staff trained to administer adrenaline in an emergency will be present on the school trip
- Appropriate measures will be taken in line with the school's AAI protocols for off-site events and school trips (see section 8.5)
- At least 7 days before a visit, the visit leader will provide Student Reception with the participant list. Student Reception will check pupils' recorded medical needs in Bromcom and provide the visit leader with the information needed for the visit risk assessment, staffing and equipment.
- The visit leader will identify any new medical information on consent forms and notify Student Reception. Required medication will be collected by the designated first aider, and a pupil at risk of an allergic reaction will be placed in that first aider's group wherever practicable.

7. Procedures for handling an allergic reaction

7.1 Mild to moderate allergic reaction

- Symptoms may include swollen lips, face or eyes; an itchy or tingling mouth; mild throat tightness; hives or an itchy rash; abdominal pain or vomiting; or a sudden change in behaviour.
- Staff will follow the pupil's allergy action plan, give any treatment specified in that plan, contact the parent or emergency contact and not leave the pupil unattended.
- The pupil will be observed in a safe place for at least 60 minutes because a mild reaction can develop into anaphylaxis.
- If symptoms begin to affect Airway, Breathing or Circulation, staff will treat the reaction as anaphylaxis and follow section 7.2 immediately.

7.2 Anaphylaxis

- Signs of anaphylaxis include:
    - Airway: swelling in the throat, tongue or upper airways; throat tightness; a hoarse voice; or difficulty swallowing.
    - Breathing: sudden wheezing, difficulty breathing, a persistent cough or noisy breathing.

- Circulation: dizziness, faintness, sudden sleepiness, confusion, pale or clammy skin, collapse or loss of consciousness.
- Anaphylaxis may occur without a skin rash. If in doubt, treat for anaphylaxis. Staff will:
- Keep the person where they are and bring help and adrenaline to them. Do not allow them to stand or walk.
- Lay the person flat with their legs raised. If breathing is difficult, allow them to sit up gently with legs outstretched; if unconscious or pregnant, place them on their side.
- Administer the person's prescribed adrenaline device immediately, following their allergy action plan and the device instructions. If it is unavailable or misfires, use a suitable spare school AAI. Do not delay treatment while seeking consent.
- Call 999 immediately and state that the person is having anaphylaxis. Do not wait to call 999 before giving adrenaline.
- Stay with the person, note the time the adrenaline was given and send someone to direct the ambulance to them.
- Give a second dose of adrenaline using another device if there is no improvement after 5 minutes, or if symptoms return, and follow the 999 call handler's advice.
- Begin CPR if the person stops breathing and continue until emergency help arrives.
- Contact the parent or carer and give used devices and details of the reaction and treatment to the ambulance crew.

- Staff are trained in the administration of adrenaline to minimise delays in an emergency
- If the pupil has an allergy action plan, this must be followed
- A spare school AAI device will only be used if:
    - The pupil does not have a prescribed AAI
    - The pupil's prescribed AAI is not available or misfires

8. Adrenaline devices (ADs or AAI's)

The school follows the Department of Health and Social Care's Guidance on using emergency adrenaline auto-injectors in schools

8.1 Prescribed ADs

Pupils prescribed adrenaline devices should have access to both prescribed devices at all times, including when travelling to and from school and on school trips. Where a pupil is able to self-carry, the devices should remain with them. Where self-carrying is not appropriate, the devices will be readily accessible in Student Reception in accordance with the pupil's IHP. Parents/carers are responsible for supplying in-date, prescribed devices and replacing them when they are used or approaching expiry.

If a pupil cannot keep their ADs with them in the classroom (due to age or other considerations), then the devices will be stored:

Prescribed ADs will be stored at Student Reception

- The pupil's IHP and allergy action plan will record who carries each device, where any device kept by the school is stored, and how it will remain immediately accessible during the school day, evacuation and off-site visits.
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- If a pupil with an AD attends a school trip, their Student Reception AD is taken securely to that trip by a School First Aider to ensure this is immediately available if required by the prescribed pupil only. (School-supplied emergency AD's are also taken to all school trips in case of emergencies).

A copy of the pupil's allergy action plan is kept alongside their medication because it includes instructions for use in an emergency.

- All students with ADs are recorded on the allergy alert tab of the medical list, held securely on our school-secured drive for immediate access by all staff should a medical emergency occur.
- All school IHP's and care plans are also held securely and available for all staff to access.
- In the case of a fire drill or emergency evacuation, the school emergency medical grab bag contains 2 emergency AD, 2 emergency inhaler, 2 inhaler spacers and a first aid kit.

A medication in-school record is maintained for all medications, including all pupil ADs and school emergency ADs, to ensure they are up to date and reordered when a new supply is required. Parents/Carers are contacted by our Student Receptionist when any medication needs to be replaced due to expiry or usage.

8.2 Spare ADs and inhalers

Please note: current regulations only allow schools to purchase adrenaline auto-injectors (AAIs) as spare devices. Non-injectable adrenaline devices (nasal spray) may be prescribed to individuals but cannot currently be stocked as a spare device. If an individual who is prescribed nasal adrenaline suffers anaphylaxis, a school's spare AAIs may be used in an emergency. Schools can purchase an emergency asthma reliever inhaler which can only be used if the pupil's prescribed inhaler is not available and where written consent has been obtained.

Ms Taylor and Mrs Rudge (with the permission of the allergy safety lead) is responsible for sourcing spare ADs and an emergency asthma reliever inhaler and ensuring they are stored according to the guidance.

- Emergency School AD's and Emergency Inhalers are purchased from a local pharmacy, by providing a request letter on school letterhead that has been signed by our Headteacher.
- The school holds 4 of Epi-pen junior 0.5mg (single dose) and 8 x Ventolin (Salbutamol) inhalers (200 metered doses)
- The school purchases one brand of AD's to avoid confusion
- The dosage required (based on Resuscitation Council UK's age-based criteria, see page 11 of the AAI guidance)
- Spare AD's will be stored in a central place at Student Reception
- Kept at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature stored within the Student Reception medical cupboard. The emergency AD and emergency Inhaler is stored within the emergency grab bag as you enter Student Reception which is on the desk and instantly available to all staff.

Spare AAIs will be kept:

- In pairs, in case a second one is necessary
- Separate from any pupils' prescribed ADs and clearly labelled to avoid confusion

Jo Taylor and Sandy Rudge are responsible for:

- Checking monthly that spare ADs and the emergency asthma reliver inhaler are present and in date
- Obtaining replacement ADs when the expiry date is near. A record of all medication is kept up to date and parents are contacted before expiry dates of any medication, a log of AD's and Inhalers is kept with expiry dates monitored.

8.3 Disposal

ADs can only be used once. Once an AD has been used, it will be disposed of in line with the manufacturer's instructions (in a sharps bin for collection by the local council). If used in an emergency and an ambulance is called the AD will be given to the ambulance crew so they can identify what was issued. Expired devices are given to the pharmacy for safe disposal)

8.4 Using spare ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for spare adrenaline devices to be used in an emergency.

The school will obtain advance consent from parents/carers or pupils for spare adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place.

However, in an emergency situation, anyone may take reasonable action to save a life without checking whether prior consent has been given. This avoids potentially fatal delays in treatment.

8.5 Use of ADs off school premises

Pupils at risk of anaphylaxis who are able to administer their own adrenaline should carry their own ADs with them on school trips and off-site events

Spare ADs for emergency use will be taken in the medical box on school trips and off-site events

AD pupils are all asked to carry their own in date AD at all times. Their own Student Reception AD is taken on all school trips they attend and school also takes emergency AD's.

9. Serious incidents and 'near misses'

A **serious incident** is any event relating directly to a medical condition (including allergy) in which a pupil, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.

A **'near miss'** is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so – for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

9.1 Incident recording

The school will record serious incidents and 'near misses' relating to allergy safety as soon as is feasible. The incident will be recorded in the accident book, including the following information:

- Who was affected
- What happened, when and where
- Why the incident occurred (as far as is known)
- How staff and pupils responded and what was done to support the individual
- Whether emergency services were called
- How the incident concluded

The school will approach serious incidents and 'near misses' in a 'no blame' spirit of seeking to learn lessons.

9.2 Incident reporting

The parents/carers of a pupil aged up to 16 should be notified of the incident or 'near miss' as soon as possible.

The school will share the report with the pupil's parents, the pupil or the individual involved.

They will be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school will then confirm what we have learnt from the incident and outline any actions we are taking as a result.

In some cases, the impact of exposure to an allergen at school may be delayed and not recognised until the pupil is at home. This means that incident reporting is not limited to staff, the pupil, parents/carers or others (such as healthcare professionals) will need to report to the school if there has been an incident with a delayed reaction.

Staff will always share the incident report with Mr D Garriff, Deputy Headteacher, Culture and Inclusion. The allergy safety lead will consider whether the allergy safety arrangements in place were appropriate or if changes are needed to this policy and/or the pupil's IHP. Any learning will be shared appropriately with staff so they can act on it and reduce the chance of an incident reoccurring.

The school will also share the report with other agencies in the following circumstances:

- With the Health and Safety Executive (HSE): incidents which arise directly out of the way the school carried out a work activity which results in death or immediate hospitalization. For example, where a pupil has suffered harm after consuming an allergen due to incorrect preparation of food by a member of staff. [See how to make a RIDDOR report]
- To the local authority: any allergen-related food safety incidents. [See how to report a food safety issue]

In the event that the incident or 'near miss' was related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional will be notified.

10. Allergy awareness

10.1 Staff training

The school ensures that all staff expected to be present during times when pupils are scheduled to be on site receive allergy awareness training at least annually.

This includes permanent staff, temporary staff, supply teachers, peripatetic staff, agency workers and regular volunteers. It also includes catering staff and others who may oversee pupils at breakfast or after-school clubs. It does not include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

The school nurse who undertakes the training shows staff how to use EpiPen and Jext so staff can practice safely and be familiar with the differences.

Allergy awareness training will ensure that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist
- Understand the difference between food allergy, coeliac disease and food intolerance
- Know where to find information on allergy triggers
- Can identify the range of symptoms of allergic reactions
- Understand and can recognise anaphylaxis
- Know how to respond in an emergency, including:
    - Calling emergency services and informing parents/carers
    - How to locate and administer emergency medication
    - How to use the medication/device in an emergency
- Understand the impact allergy can have on a pupil's wellbeing
- Understand the school's allergy safety policy
- Know how to check whether an individual is on the record of those with known allergy, and how to use an allergy or asthma action plan

- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a ‘near miss’)

10.2 Awareness of allergy safety policy

This allergy safety policy will be published on the school’s website and shared with parents/carers at the start of the school year.

All staff should be aware of and understand the policy as part of annual allergy awareness training.

11. Wellbeing

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their form tutor, Head of Year and Safeguarding and Wellbeing Coordinator
- Reassurance that steps are being taken to minimise the risks of exposure to allergen and that robust measures are in place in the event of anaphylaxis

The school will respond to any instance of bullying in line with its Behaviour policy.

11.1 Wellbeing support following an incident or ‘near miss’

The school recognises that an incident or a ‘near miss’ is a serious event with a potential impact not only on the pupil but their family, those involved in responding. and any witnesses. The school will provide support to those involved.

The school will support staff involved in any incident or ‘near miss’.

See section 9 of the policy for more detail on incidents and ‘near misses’.

12. Information sharing

Information about an individual’s health is considered special category data under UK GDPR. It will therefore be handled in line with our data protection policy.

13. Monitoring arrangements

This policy will be monitored by the allergy safety lead.

The allergy safety lead will review this policy at least annually, and sooner where a serious incident or near miss identifies an area for improvement.

14. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Supporting pupils with medical conditions policy
- School food policy
- Data protection policy
- Behavior policy